

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09665769
FILING DATE 09/20/00
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	✓					
2		✓				
3		✓				
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TOTAL IND.	3					
TOTAL DEP.	7	↔	↔	↔		
TOTAL CLAIMS	10					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.			↔		↔	↔
TOTAL DEP.			↔		↔	↔
TOTAL CLAIMS						

BEST AVAILABLE COPY